

ORIGINALE

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<p>Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number</p> <p>ASSET RECOVERY TRUST P.O. BOX 4296 COSTA MESA, CA 92628-4296 PH: 714-546-8100 FAX: 714-435-1792</p>	<p>FOR COURT USE ONLY</p> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p>FILED</p> <p>NOV - 2 2007</p> <p>CLERK, U.S. BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA BY Deputy Clerk</p> </div> </div>
<p>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</p>	
<p>In re: DRKOOP COM INC.</p>	<p>CASE NUMBER LA 01-47426 TD</p>
	<p>HEARING DATE:</p>
	<p>TIME:</p>
<p style="text-align: right;">Debtor.</p>	<p>PLACE:</p>

MOTION FOR ORDER RELEASING UNCLAIMED FUNDS

I, under penalty of perjury under the laws of the United States of America declare (or certify, verify, or state) that the following statements and information are true and correct:

(Continued on next page)

Motion for Order Releasing Unclaimed Funds - Page 2

F 3011-1

In re DRKOOP COM INC.	CHAPTER 7
	Debtor.
	CASE NUMBER LA 01-47426 TD

3. Please complete each of the following subparagraphs:

a. The following is the creditor's address and phone number:

STEPHEN PLUTSKY

19285 Berclair Lane

Tarzana, CA 91356

818-343-8332

b. A brief history of the creditor (from the filing of the claim to the present) which includes, if applicable, identification of any sale of the company and the new and prior owner(s). Submit evidence establishing the sale of the company from the prior to the new owner(s):

SEE CERTIFIED STATEMENT ATTACHED.

4. I understand that, pursuant to 18 U.S.C. § 152, I may be fined or imprisoned, or both, if I have knowingly and fraudulently made any false statements in this document.

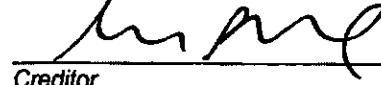
Motion for Order Releasing Unclaimed Funds - Page 3

F 3011-1

In re DRKOOP COM INC.	CHAPTER 7
Debtor.	CASE NUMBER LA 01-47426 TD

(Corporate Seal

if applicable)


Creditor

STEPHEN PLUTSKY

Type or Print Creditor's Name

19285 Berclair Lane

Creditor's Address

Tarzana, CA 91356

STATE OF CALIFORNIA, COUNTY OF

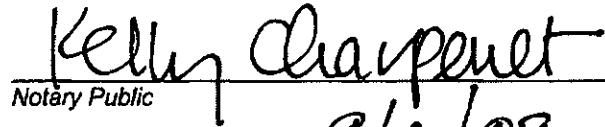
Los Angeles

On 10/8/07 before me, personally appeared (insert name and title of the signer)

Stephen Plutsky

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

(SEAL)


Notary Public

My commission expires on 9/2/08



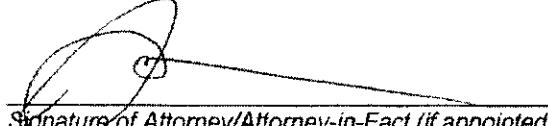
Motion for Order Releasing Unclaimed Funds - Page 4

F 3011-1

In re DRKOOP COM INC.

CHAPTER 7

Debtor. CASE NUMBER LA 01-47426 TD


Signature of Attorney/Attorney-in-Fact (if appointed)

AL MELONE for ASSET RECOVERY TRUST

Type or Print Name

P.O. BOX 4296

Address

COSTA MESA, CA 92628-4296

STATE OF CALIFORNIA, COUNTY OF

Orange

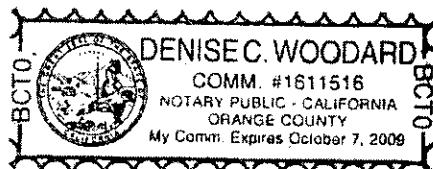
On October 18 2007 before me, personally appeared (insert name and title of the signer)

Denise C. Woodard Notary
appeared Al Melone

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.


Notary Public

My commission expires on Oct 07 09



Presented by:

ASSET RECOVERY TRUST

P.O. BOX 4296

COSTA MESA, CA 92628-4296

**LIMITED POWER OF ATTORNEY/
DECLARATION**

I do hereby grant to ASSET RECOVERY TRUST, my sole true and lawful attorney-in-fact for me and in my name, place and stead, giving unto my attorney-in-fact full power to do and perform, on an exclusive basis, all and every act not constituting the practice of law that I may legally do through an attorney-in-fact, for the following limited purpose and for no other:

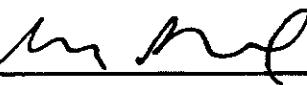
To reclaim, recover, and return unclaimed funds in the amount of **\$2,680.72** only, less agreed upon fee, to the signatory below.

I do hereby grant my attorney-in-fact every power necessary to carry out the limited purposes for which this limited power of attorney is granted, on an exclusive basis.

This Limited Power of Attorney revokes all previous powers of attorney granted for the purpose of obtaining dividends from this specific bankruptcy case.

I do hereby declare that my name is **STEPHEN PLUTSKY**, that I am currently located at 19285 Berclair Lane, Tarzana, CA 91356, that my phone number is 818-343-8332, that the enclosed Proof of Claim is a true and correct copy of the original, that I am a rightful creditor of DRKOOP COM INC., Case LA 01-47426 TD, and that I am entitled to this unclaimed dividend.

I certify under penalty of perjury under U.S. Law that the foregoing is true and correct.

DATED 10-8-07 SIGNED 

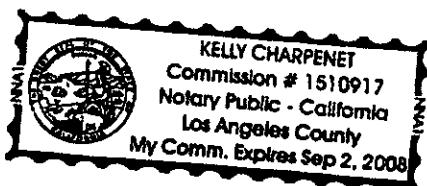
NAME STEPHEN PLUTSKY

SUBSCRIBED AND SWORN TO BEFORE ME THIS 9th DAY OF October, 2007,
TO CERTIFY WITNESS MY HAND AND OFFICIAL SEAL.

[SEAL]

Kelly Charpenet
NOTARY PUBLIC IN AND FOR
The State of CALIFORNIA

My Commission expires on 9/8/08



07/25/1995 17:11 01

PAGE 16

FORM B10 (Official Form 10X-01)

UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA		RECEIVED U.S. BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA JULY 25 1995 Case Number LA 01-47426-TD Credit id: 156 156 THIS SPACE IS FOR COURT USE ONLY			
Name of Debtor DRKOOP.COM INC	Case Number LA 01-47426-TD				
Name of Creditor (The person or other entity to whom the debtor owes money or property) STEPHEN PLUTSKY	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.				
Name and Address where notices should be sent: STEPHEN PLUTSKY CHIEF FINANCIAL OFFICER 225 ARIZONA AVENUE SUITE 250 SANTA MONICA, CA 90401					
Telephone Number: 310 3415-5061					
Account or other number by which creditor identifies debtor:	<input type="checkbox"/> Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____				
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: 561 96 2532 Unpaid compensation for services performed from 9/22/01 to 12/17/01 (due) (date)				
2. Date debt was incurred: 12/17/01	3. If court judgment, date obtained:				
4. Total Amount of Claim at Time Case Filed: \$ 52,688.67					
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral. <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ 4,650 Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)				
*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			THIS SPACE IS FOR COURT USE ONLY 156 1D J.		
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. (DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.)					
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
Date 2/7/01	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): STEPHEN PLUTSKY				
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.					

